

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF Jesse Means	COURT CASE NUMBER CA-05-0107 Erie
DEFENDANT James Sherman, et al.	TYPE OF PROCESS Summons

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Dr. Olsen, FCI McKean
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
P.O. Box 5000, Erie PA 16701-0950

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
Jesse Means Reg. No. 38021-060 FCI McKean P.O. Box 8000 Bradford PA. 16701-0980	Number of parties to be served in this case	4
	Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Field

Signature of Attorney other Originator requesting service on behalf of: Jesse Means	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER NONE	DATE 11/28/05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date 12/19/05	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <u>Shirley Blasing</u>		

Service Fee <u>Joe</u>	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges <u>Joe</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: cust 9842 80205106 12-16-05

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

2. Article Number



7160 3901 9842 8020 5106

3. Service Type **CERTIFIED MAIL**4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

DR. OLSEN
 FCI MCKEAN
 P.O. BOX 5000
 ERIE, PA. 16701-0950

5-107E,S/C,12/16/05,SRB

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

D. DRACUP

B. Date of Delivery

12/15

C. Signature

X

☐ Agent
☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☒ No